

PERSONAL FINANCIAL STATEMENT

FORM PFS
COVER SHEET
PAGE 1

Filed in accordance with chapter 572 of the Government Code.
For filings required in 2019, covering calendar year ending December 31, 2018.
Use FORM PFS--INSTRUCTION GUIDE when completing this form.

PAGE #
16

ACCOUNT #
00082201

| | | | |
|-------------------------------|--|---|----------------|
| 1 NAME | TITLE; FIRST; MI The Honorable Stephen P. | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 04/23/2019 | |
| | NICKNAME; LAST; SUFFIX Steve Allison | | |
| 2 ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP [REDACTED] | | Receipt # |
| | [REDACTED] | | HD / PM Amount |
| | <input checked="" type="checkbox"/> (CHECK IF FILER'S HOME ADDRESS) | | Date Processed |
| | | | Date Imaged |
| 3 TELEPHONE NUMBER | AREA CODE PHONE NUMBER; EXTENSION [REDACTED] | | |
| 4 REASON FOR FILING STATEMENT | <input type="checkbox"/> CANDIDATE _____ (INDICATE OFFICE) | | |
| | <input checked="" type="checkbox"/> ELECTED OFFICER State Representative (INDICATE OFFICE) | | |
| | <input type="checkbox"/> APPOINTED OFFICER _____ (INDICATE AGENCY) | | |
| | <input type="checkbox"/> EXECUTIVE HEAD _____ (INDICATE AGENCY) | | |
| | <input type="checkbox"/> FORMER OR RETIRED JUDGE SITTING BY ASSIGNMENT | | |
| | <input type="checkbox"/> STATE PARTY CHAIR _____ (INDICATE PARTY) | | |
| | <input type="checkbox"/> OTHER _____ (INDICATE POSITION) | | |

5 Family members whose financial activity you are reporting (see instructions).

SPOUSE Margaret Y Allison

DEPENDENT CHILD 1. _____
2. _____
3. _____

In Parts 1 through 18, you will disclose your financial activity during the preceding calendar year. In Parts 1 through 14, you are required to disclose not only your own financial activity, but also that of your spouse or a dependent child (see instructions).

SOURCES OF OCCUPATIONAL INCOME

PART 1A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | |
|---|---|---------------------------------|--|
| 1 INFORMATION RELATES TO | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER Jefferson Cano Allison Barkley, PLLC ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 112 E. Pecan Suite 1650 San Antonio, TX 78205 POSITION HELD Partner | | |
| <input type="checkbox"/> SELF-EMPLOYED | NATURE OF OCCUPATION | | |

| | | | |
|---|---|---------------------------------|--|
| INFORMATION RELATES TO | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |
| EMPLOYMENT <input checked="" type="checkbox"/> EMPLOYED BY ANOTHER | NAME AND ADDRESS OF EMPLOYER / POSITION HELD <input type="checkbox"/> (Check if Filer's Home Address) EMPLOYER State of Texas ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 2910 Austin, TX 78768-2910 POSITION HELD State Representative | | |
| <input type="checkbox"/> SELF-EMPLOYED | NATURE OF OCCUPATION | | |

STOCK

PART 2

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each business entity in which you, your spouse, or a dependent child held or acquired stock during the calendar year and indicate the category of the number of shares held or acquired. If some or all of the stock was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|--|---|--|--|--|
| 1 BUSINESS ENTITY | NAME Morgan Stanley | | | |
| 2 STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES | <input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|---|--|--|--|
| BUSINESS ENTITY | NAME AT & T | | | |
| STOCK HELD OR ACQUIRED BY | <input type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input checked="" type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|--|---|--|--|
| BUSINESS ENTITY | NAME Cisco Common | | | |
| STOCK HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> LESS THAN 10K | <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|--|---|--|--|---|
| 1 MUTUAL FUND | NAME Ivy Emerging Markets Equity Fund | | | |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|---|--|--|---|
| MUTUAL FUND | NAME Fidelity Advisor Strategic Income Fund | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|---|--|--|---|
| MUTUAL FUND | NAME Janus Henderson Enterprise Fund | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|---|--|--|---|
| MUTUAL FUND | NAME Clearbridge International Growth Fund | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |

MUTUAL FUNDS

PART 4

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List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|--|---|--|--|--|
| 1 MUTUAL FUND | NAME MSIF Inc. Growth Portfolio Fund | | | |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

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|---|---|--|--|--|
| MUTUAL FUND | NAME MSIF International Opportunity Fund | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|---|--|--|---|
| MUTUAL FUND | NAME Oppenheimer International Small Mid Company | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|---|--|--|---|
| MUTUAL FUND | NAME T Rowe Price Global Technology | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |

MUTUAL FUNDS

PART 4

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| | | | | |
|---|---|--|--|---|
| 1 MUTUAL FUND | NAME Primecap Odyssey Aggressive Growth | | | |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| 4 IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|---|--|--|--|
| MUTUAL FUND | NAME T Rowe Price Blue Chip Growth | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|---|---|--|---|
| MUTUAL FUND | NAME Vanguard Index 500 Fund Admiral Shares | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input checked="" type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|--|---|--|--|---|
| MUTUAL FUND | NAME Virtus Kar Small-Cap Growth Fund | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 100 TO 499 <input type="checkbox"/> 10,000 OR MORE | <input type="checkbox"/> 500 TO 999 | <input checked="" type="checkbox"/> 1,000 TO 4,999 |
| IF SOLD <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 | <input checked="" type="checkbox"/> \$25,000--OR MORE |

MUTUAL FUNDS

PART 4

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each mutual fund and the number of shares in that mutual fund that you, your spouse, or a dependent child held or acquired during the calendar year and indicate the category of the number of shares of mutual funds held or acquired. If some or all of the shares of a mutual fund were sold, also indicate the category of the amount of the net gain or loss realized from the sale. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | | |
|--|---|--|--|--|
| 1 MUTUAL FUND | NAME Mainstay Tax Free Bond Fund Class A | | | |
| 2 SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| 3 NUMBER OF SHARES OF MUTUAL FUND | <input checked="" type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 10,000 OR MORE | | |
| 4 IF SOLD | <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|---|--|--|--|
| MUTUAL FUND | NAME Mainstay High Yield Municipal Bond Fund Class A | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input checked="" type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 | <input checked="" type="checkbox"/> 100 TO 499 | <input type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 10,000 OR MORE | | |
| IF SOLD | <input checked="" type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |

| | | | | |
|---|--|--|--|---|
| MUTUAL FUND | NAME MFS Technology PD Class 1 | | | |
| SHARES OF MUTUAL FUND HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ | |
| NUMBER OF SHARES OF MUTUAL FUND | <input type="checkbox"/> LESS THAN 100 | <input type="checkbox"/> 100 TO 499 | <input checked="" type="checkbox"/> 500 TO 999 | <input type="checkbox"/> 1,000 TO 4,999 |
| | <input type="checkbox"/> 5,000 to 9,999 | <input type="checkbox"/> 10,000 OR MORE | | |
| IF SOLD | <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 | <input type="checkbox"/> \$5,000 - \$9,999 | <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

INCOME FROM INTEREST, DIVIDENDS, ROYALTIES & RENTS

PART 5

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

List each source of income you, your spouse, or a dependent child received in excess of \$500 that was derived from interest, dividends, royalties, and rents during the calendar year and indicate the category of the amount of the income. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|--|--|
| 1 SOURCE OF INCOME | NAME AND ADDRESS |
| <input type="checkbox"/> Publicly held corporation | Central Texas Farm Credit ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1026 Early Blvd Early, TX 76802 |
| 2 RECEIVED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 AMOUNT | <input checked="" type="checkbox"/> \$500 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Reverse Mortgage Solutions |
| 2 LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 GUARANTOR | NONE |
| 4 AMOUNT | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Central Texas Land Bank |
| LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | NONE |
| AMOUNT | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Security Service Federal Credit Union Loan |
| LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | NONE |
| AMOUNT | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |
| PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | TD Auto Finance |
| LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| GUARANTOR | NONE |
| AMOUNT | <input type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input checked="" type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

PERSONAL NOTES AND LEASE AGREEMENTS

PART 6

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Identify each guarantor of a loan and each person or financial institution to whom you, your spouse, or a dependent child had a total financial liability of more than \$1,000 in the form of a personal note or notes or lease agreement at any time during the calendar year and indicate the category of the amount of the liability. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 PERSON OR INSTITUTION HOLDING NOTE OR LEASE AGREEMENT | Synchrony - HVAC |
| 2 LIABILITY OF | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 GUARANTOR | NONE |
| 4 AMOUNT | <input checked="" type="checkbox"/> \$1,000 - \$4,999 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

INTERESTS IN REAL PROPERTY

PART 7A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in real property held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|---|
| 1 HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input checked="" type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE [REDACTED] [REDACTED] |
| 3 DESCRIPTION <input checked="" type="checkbox"/> LOTS <input type="checkbox"/> ACRES | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 1.00000 lots Bexar |
| 4 NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | |
| 5 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

| | |
|---|---|
| HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input checked="" type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| STREET ADDRESS <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> CHECK IF FILER'S HOME ADDRESS | STREET ADDRESS, INCLUDING CITY, COUNTY, AND STATE 410 CR 411 Goldthwaite, TX 76844 |
| DESCRIPTION <input type="checkbox"/> LOTS <input checked="" type="checkbox"/> ACRES | NUMBER OF LOTS OR ACRES AND NAME OF COUNTY WHERE LOCATED 211.00000 acres Mills |
| NAMES OF PERSONS RETAINING AN INTEREST <input checked="" type="checkbox"/> NOT APPLICABLE (SEVERED MINERAL INTEREST) | |
| IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

INTEREST IN BUSINESS ENTITIES

PART 7B

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe all beneficial interests in business entities held or acquired by you, your spouse, or a dependent child during the calendar year. If the interest was sold, also indicate the category of the amount of the net gain or loss realized from the sale. For an explanation of "beneficial interest" and other specific directions for completing this section, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 HELD OR ACQUIRED BY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 2 DESCRIPTION | <div>NAME AND ADDRESS</div> <div><input type="checkbox"/> (Check if Filer's Home Address)</div> <div>Jefferson Cano Allison Barkley, PLLC</div> <div>112 E. Pecan St., Suite 1650</div> <div>San Antonio, TX 78205</div> |
| 3 IF SOLD <input type="checkbox"/> NET GAIN <input type="checkbox"/> NET LOSS | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input type="checkbox"/> \$25,000--OR MORE |

TRUST INCOME

PART 9

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Identify each source of income received by you, your spouse, or a dependent child as beneficiary of a trust and indicate the category of the amount of income received. Also identify each asset of the trust from which the beneficiary received more than \$500 in income, if the identity of the asset is known. For more information, see FORM PFS--INSTRUCTION GUIDE

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | |
|---|--|
| 1 SOURCE | NAME OF TRUST BOK Financial Trust |
| 2 BENEFICIARY | <input checked="" type="checkbox"/> FILER <input type="checkbox"/> SPOUSE <input type="checkbox"/> DEPENDENT CHILD _____ |
| 3 INCOME | <input type="checkbox"/> LESS THAN \$5,000 <input type="checkbox"/> \$5,000 - \$9,999 <input type="checkbox"/> \$10,000 - \$24,999 <input checked="" type="checkbox"/> \$25,000--OR MORE |
| 4 ASSETS FROM WHICH OVER \$500 WAS RECEIVED <input type="checkbox"/> UNKNOWN | None |

OWNERSHIP OF BUSINESS ASSOCIATIONS

PART 11A

If the requested information is not applicable, indicate that on Page 2 of the Cover Sheet, and **DO NOT** include this page in the report.

Describe each corporation, firm, partnership, limited partnership, limited liability partnership, professional corporation, professional association, joint venture, or other business association in which you, your spouse, or a dependent child held, acquired, or sold 5 percent or more of the outstanding ownership. For more information, see FORM PFS--INSTRUCTION GUIDE.

When reporting information about a dependent child's activity, indicate the child about whom you are reporting by providing the number under which the child is listed on the Cover Sheet.

| | | | |
|------------------------------|---|---|--|
| 1 BUSINESS ASSOCIATION | NAME AND ADDRESS <input type="checkbox"/> (Check If Filer's Home Address) Jefferson Cano Allison Barkley, PLLC 112 E. Pecan St., Suite 1650 San Antonio, TX 78205 | | |
| 2 DESCRIPTION | | | |
| 3 BUSINESS TYPE | <input type="checkbox"/> Corporation <input type="checkbox"/> Firm <input type="checkbox"/> Partnership | <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Professional Association <input type="checkbox"/> Joint Venture <input checked="" type="checkbox"/> Other _____ |
| 4 HELD, ACQUIRED, OR SOLD BY | <input checked="" type="checkbox"/> FILER | <input type="checkbox"/> SPOUSE | <input type="checkbox"/> DEPENDENT CHILD _____ |

PERSONAL FINANCIAL STATEMENT

PARTS MARKED "NOT APPLICABLE" BY FILER

FORM PFS
COVER SHEET
PAGE 2

On this page, indicate any Parts of Form PFS that are not applicable to you. If you do not place a check in a box, then pages for that Part must be included in the report. ***If you place a check in a box, do NOT include pages for that Part in the report.***

6 PARTS NOT APPLICABLE TO FILER

- ☐ N/A Part 1A - Sources of Occupational Income
- ☒ N/A Part 1B - Retainers
- ☐ N/A Part 2 - Stock
- ☒ N/A Part 3 - Bonds, Notes & Other Commercial Paper
- ☐ N/A Part 4 - Mutual Funds
- ☐ N/A Part 5 - Income from Interest, Dividends, Royalties & Rents
- ☐ N/A Part 6 - Personal Notes and Lease Agreements
- ☐ N/A Part 7A - Interests in Real Property
- ☐ N/A Part 7B - Interests in Business Entities
- ☒ N/A Part 8 - Gifts
- ☐ N/A Part 9 - Trust Income
- ☒ N/A Part 10A - Blind Trusts
- ☒ N/A Part 10B - Trustee Statement
- ☒ N/A Part 11A - Business Associations
- ☐ N/A Part 11B - Assets of Business Associations
- ☒ N/A Part 11C - Liabilities of Business Associations
- ☒ N/A Part 12 - Boards and Executive Positions
- ☒ N/A Part 13 - Expenses Accepted Under Honorarium Exception
- ☒ N/A Part 14 - Interest in Business in Common with Lobbyist
- ☒ N/A Part 15 - Fees Received for Services Rendered to a Lobbyist or Lobbyist's Employer
- ☒ N/A Part 16 - Representation by Legislator Before State Agency
- ☒ N/A Part 17 - Benefits Derived from Functions Honoring Public Servant
- ☒ N/A Part 18 - Legislative Continuances
- ☒ N/A Part 19 - Contracts with Governmental Entity
- ☒ N/A Part 20 - Bond Counsel Services Provided by a Legislator

PERSONAL FINANCIAL STATEMENT AFFIDAVIT

The law requires the personal financial statement to be verified. Without proper verification, the statement is not considered filed.

The verification page on a personal statement filed electronically with the Texas Ethics Commission must have the electronic signature of the individual required to file the personal financial statement.

The verification page on a personal financial statement filed with an authority other than the Texas Ethics Commission must have the signature of the individual required to file the personal financial statement as well as the signature and stamp or seal of office of a notary public or other person authorized by law to administer oaths and affirmations.

I swear, or affirm, under penalty of perjury, that this financial statement covers calendar year ending December 31, 2018, and is true and correct and includes all information required to be reported by me under chapter 572 of the Government Code.

The Honorable Stephen P. Allison

Signature of Filer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath